



Instructions:
**Foreign Limited Liability
Partnership Statement
of Qualification**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the foreign statement of qualification must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$165**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 4. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 5. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 6. **SIGNATURES:** The application requires the signature of two partners.

NOTICE: *If the entity has been doing business in Kansas at least six months prior to filing with our office, you may owe annual reports and/or a penalty fee (K.S.A. 56a-1201).*

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

FLLP**51-18**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Name of the limited liability partnership:***Name of company must match the name on record with the home state***2. State/Country of organization:****3. Began doing business in Kansas:**☐ Upon qualification☐ _____
*Month Day Year***4. Name of the resident agent and address of the registered office in Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address**City**Kansas**State**Zip***5. Mailing address:***Address will be used to send official mail from the Secretary of State's office**Attention Name**Address**City**State**Zip**Country***6. Tax closing month:****7. The above-named partnership elects to be a foreign limited liability partnership.****8. Effective date:**☐ Upon filing☐ Future effective date _____
Month Day Year

9. We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and we have remitted the required fee.

Signature of partner

Date (month, day, year)

Signature of partner

Date (month, day, year)